

<b>Effective on 12/08/2004.</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number 10/521,454-Conf. #8799	
		Filing Date November 29, 2005	
		First Named Inventor Ichiro HIRAO	
		Examiner Name Janet L. EPPS-SMITH	
		Art Unit 1633	
TOTAL AMOUNT OF PAYMENT (\$)		180.00	
		Attorney Docket No. 0230-0222PUS1	

#### METHOD OF PAYMENT (check all that apply)

☐ Check   
 ☐ Credit Card   
 ☐ Money Order   
 ☐ None   
 ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account   
 Deposit Account Number: 02-2448   
 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below   
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   
 ☒ Credit any overpayments

#### FEE CALCULATION

##### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

##### 2. EXCESS CLAIM FEES

###### Fee Description

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

<b>Total Claims</b> _____ - 20 or HP _____ HP = highest number of total claims paid for, if greater than 20.	<b>Extra Claims</b> _____ x _____ = _____	<b>Fee (\$)</b> _____ = _____	<b>Fees Paid (\$)</b> _____	<b>Multiple Dependent Claims</b> <b>Fee (\$)</b> _____ <b>Fees Paid (\$)</b> _____
<b>Indep. Claims</b> _____ - 3 or HP _____ HP = highest number of independent claims paid for, if greater than 3.	<b>Extra Claims</b> _____ x _____ = _____	<b>Fee (\$)</b> _____ = _____	<b>Fees Paid (\$)</b> _____	

##### 3. APPLICATION SIZE FEE

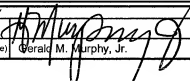
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b> _____ - 100 = _____	<b>Extra Sheets</b> _____ / 50 = _____	<b>Number of each additional 50 or fraction thereof</b> _____ x _____ = _____ (round up to a whole number)	<b>Fee (\$)</b> _____ = _____	<b>Fees Paid (\$)</b> _____
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##### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00

SUBMITTED BY			
Signature 	Registration No. (Attorney/Agent) 28,977	Telephone (703) 205-8000	
Name (Print/Type) Gerald M. Murphy, Jr.	Date	November 30, 2009	